



U.S. PUBLIC HEALTH SERVICE
Pharmacist Professional Advisory Committee
Department of Health and Human Services

Pharmacist Professional Advisory Council (PharmPAC)
University Points of Contact (UPOC) Enrollment Form

Submit form to PharmPAC Recruitment Section Lead

Name/Rank/PHS#:

OPDIV:

Work Address:

Work Telephone:

Fax:

E-mail Address (work):

E-mail Address (home):

School/University from which Pharmacy degree was obtained:

PHS status: ☐ Active Duty Commissioned Officer (PHS#)

☐ Active Civil Service

☐ Retired Commissioned Officer (PHS No.)

☐ Retired Civil Service

☐ Inactive Reserve Commissioned Officer (PHS No.)

☐ COSTEP (PHS No.)

*Date accepted to the USPHS Associate Recruiter Program _____

*Date earned the Commissioned Corp Training Ribbon (CCTR) _____

Subscribed to the Student Listserve Yes No

Subscribed to the PHS Listserve Yes No

*Not applicable to civil service pharmacists

Briefly discuss your purpose and motivation for becoming a UPOC:

Signature: _____

Date: _____

Supervisor concurrence (for federal employees):

Expected Volunteer Duties of a University Point of Contact (UPOC)

UPOCs are the liaisons between the USPHS Pharmacy Program and the US Schools of Pharmacy. Each UPOC will maintain communication with his/her assigned pharmacy school and arrange for USPHS participation in professional functions, career expos, and award ceremonies as necessary.

I concur with this application and understand that any UPOC activities that occur during normal duty hours must be approved according to my organization's applicable policies.

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____